

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-07-2003 90192 034 ***150.00

4/7.

DOCUMENT # P02000022069

1. Entity Name
DEALER AUTO EXCHANGE, INC.



Principal Place of Business
1865 S.W. 4TH AVE.
BUILDING D. WAREHOUSE 5A
DELRAY BEACH FL 33444

Mailing Address
1865 S.W. 4TH AVE.
BUILDING D. WAREHOUSE 5A
DELRAY BEACH FL 33444



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

030392759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SKOP, MICHAEL W ESO
12865 WEST DIXIE HWY
NORTH MIAMI FL 33161

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **REID, DONNEL L**
STREET ADDRESS **10727 AVENIDA SANTA ANA**
CITY-ST-ZIP **BOCA RATON FL 33488**
☒ Delete **DIED**

TITLE **PRES.**
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition

TITLE **VPD**
NAME **PINDER, WILLIAM W.**
STREET ADDRESS **700 N.E. 70TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33487**
☐ Delete

TITLE **President**
NAME **PINDER, WILLIAM W.**
STREET ADDRESS **700 NE 70 ST.**
CITY-ST-ZIP **BOCA RATON, FL 33487**
☒ Change ☐ Addition

TITLE **STD**
NAME **SHULMAN, BERNARD**
STREET ADDRESS **4001 N. OCEAN DRIVE #1104**
CITY-ST-ZIP **BOCA RATON FL 33481**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE **DS**
NAME **SHULMAN, BERNARD**
STREET ADDRESS **4001 N OCEAN DRIVE #1104**
CITY-ST-ZIP **BOCA RATON FL 33481**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Pinder, President

Date

Daytime Phone #

4/4/03

5613308150

CR2E034 (10/02)